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Fetal Alcohol Spectrum Disorders in Adults: Ethical and Legal Perspectives: An overview on FASD for professionals (Heidelberg, Springer, 2016). xviii, 300 pp.
DOI 10.1007/978-3-319-20866-4

The aim of the edited collection, *Fetal Alcohol Spectrum Disorders in Adults*, is to provide the reader with an overview of and insight into the legal and ethical considerations of Foetal Alcohol Spectrum Disorders (FASD). FASD is defined as ‘an umbrella term used to describe a profound constellation of disabilities that may result when a pregnant woman consumes teratogenic ethanol (alcohol), causing the developing fetus to be neurodevelopmentally impaired’.¹ The book addresses the ethical and legal issues associated with FASD. Authors originate from countries in Europe, North America, and New Zealand. They are clinicians (such as psychologists, psychiatrists, physicians, social workers, and speech-language pathologists), legal professionals (including judges and lawyers), and caregivers.

The first section of the collection considers the ethical issues in prevention of FASD, specifically in relation to: the rights of the unborn child; the implications of being involved in the criminal justice system if one suffers from the affects of FASD, notably that they are easily manipulated and therefore more likely to falsely confess to a crime under police interrogation than those not affected by FASD; the role of the alcohol industry; involuntary hospitalisation of pregnant women who are addicted to alcohol; the ethical concern of public health advice for alcohol consumption during pregnancy; and the ethical challenges when screening adults for FASD. In the second and third sections the chapters consider the impacts of FASD on criminal offenders, and what response the system should take in relation to such individuals. Here the issues that face such offenders are explored, as are the failings of the system to fully consider the implications of physical and mental disability caused by FASD on the offender. The collection then considers the social and policy issues relating to care for individuals with FASD. This includes a review of the social care provided in the UK, the provision of services for Aboriginal communities in Canada, and the implications of current methods to assess services for individuals who are deemed to have a brain impairment on the accessibility of services for individuals affected by FASD. The final section provides a personal approach, with personal narratives and stories of individuals who are affected by FASD, and their parents.

The edited collection provides a detailed overview of the key issues relating to FASD. Each chapter addresses a different issue or perspective of the debate and there is relatively little repetition between chapters. The cross-national perspectives is extremely useful, as it indicates the scope of the issues and challenges in social care, healthcare and criminal justice across national borders. The individual experiences presented in the final section provides a personal touch to the book, demonstrating the actual experiences of individuals affected by FASD, what they go through, and the impact of the conditions on their lives.

The book clearly has an intention – to make the case for wider support for those with FASD, including support for their mothers during pregnancy in order to hopefully prevent the child from being born with FASD. In this sense, it achieves this aim. Convincing arguments are put forward, for example: advocating the alcohol industry is held to account for the impact of their product, the authors advocate increased taxation to support local and state partnerships

¹ J. Salmon, ‘Fetal Alcohol Spectrum Disorder: Ethical, Legal and Moral Implications Associated with the Rights of the Unborn Child’, in: M. Nelson and M. Trussler (eds.), *Fetal Alcohol Spectrum Disorders in Adults: Ethical and Legal Perspectives: An overview on FASD for professionals* (Heidelberg, Springer, 2016), pp. 3-22, p. 3.

between condom manufacturers, medical associations and neurodevelopmental disorder associations with prenatal alcohol exposure;² ethical concerns of interrogation styles used by law enforcement against individuals with FASD;³ advocating for alternate interventions in the criminal justice system towards offenders with FASD;⁴ and that ethical obligations exist compelling states to provide resources for system based FASD diagnostic and interventions services, specifically to Canadian Aboriginal communities.⁵ Nevertheless, the book, inadvertently I would suggest, leaves the reader with a sense of inevitability – if a woman drinks in pregnancy then a child will have FASD and if a child is born with FASD then they will find themselves involved in criminal activity, and their criminal activity is due to their FASD. Individual authors do briefly refer to counter arguments, for example that current research is unable to tell us what, if any, impact low-level drinking has on the development of the foetus;⁶ and post-natal developmental issues and subsequent criminality may be due to the environment in which a child is raised, rather than due to FASD.⁷ However, such arguments are only briefly referred to and are not explored in depth.

Similarly, a more detailed argument as to the reasons why women drink during pregnancies despite the health warnings would have been a welcomed chapter. The wider social factors, such as poverty and disadvantage, that lead women (and men) to drink while conceiving a child and during the gestational period are briefly discussed,⁸ but an expansion of this would have aided the readers understanding of the context of a child affected by FASD. The consequence of this lack of engagement with the birth-mother's story is that in the book she remains an almost phantom figure who has caused considerable hardship for the child despite numerous public health warnings. The only substantial consideration given to the birth-mother's experience is presented by Nordlie, who reflects on the experience of women who are involuntarily hospitalised for drug and alcohol addiction during pregnancy. In this chapter Nordlie presents a hypothetical narrative of a woman's experience, in the form of a letter from one woman to another. Nordlie wrote the letter based upon experience working as a doctor with women, arguing it represents understandings, reactions, thoughts, and challenges women have shared. While the "letter" does provide interesting insights, I am concerned by the notion of constructing the experiences of a woman in such a situation. Nordlie's insight

² S.D. Rich and L.J. Riley, 'Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure: Consumer Protection and the Industry's Duty to Warn', in: M. Nelson and M. Trussler (eds.), *Fetal Alcohol Spectrum Disorders in Adults: Ethical and Legal Perspectives: An overview on FASD for professionals* (Heidelberg, Springer, 2016), pp. 39-48.

³ S. Greenspan and J.H. Driscoll, 'Why People with FASD Fall for Manipulative Ploys: Ethical Limits of Interrogators' Use of Lies', in: M. Nelson and M. Trussler (eds.), *Fetal Alcohol Spectrum Disorders in Adults: Ethical and Legal Perspectives: An overview on FASD for professionals* (Heidelberg, Springer, 2016), pp. 23-38.

⁴ M. Mela, 'Medico-Legal Interventions in Management of Offenders with Fetal Alcohol Spectrum Disorders (FASD)', in: M. Nelson and M. Trussler (eds.), *Fetal Alcohol Spectrum Disorders in Adults: Ethical and Legal Perspectives: An overview on FASD for professionals* (Heidelberg, Springer, 2016), pp. 121-138.

⁵ L.V. Cox, 'FASD in a Canadian Aboriginal Community Context – An Exploration of Some Ethical Issues Involving the Access to FASD Service Delivery', in: M. Nelson and M. Trussler (eds.), *Fetal Alcohol Spectrum Disorders in Adults: Ethical and Legal Perspectives: An overview on FASD for professionals* (Heidelberg, Springer, 2016), pp. 223-240.

⁶ J. Niclasen, 'Is It Ethical to Condone Low Levels of Drinking in Pregnancy?', in: M. Nelson and M. Trussler (eds.), *Fetal Alcohol Spectrum Disorders in Adults: Ethical and Legal Perspectives: An overview on FASD for professionals* (Heidelberg, Springer, 2016), pp. 65-84.

⁷ K. Wyper and J. Pei, 'Neurocognitive Difficulties Underlying High Risk and Criminal Behaviour in FASD: Clinical Implications', in: M. Nelson and M. Trussler (eds.), *Fetal Alcohol Spectrum Disorders in Adults: Ethical and Legal Perspectives: An overview on FASD for professionals* (Heidelberg, Springer, 2016), pp 101-120.

⁸ *Supra* note 1.

into the lives of these women is useful, for example, Nordlie notes that a number of women have concluded that their involuntary hospitalisation resulted in them tackling their addiction, which would not have occurred otherwise. However, the chapter would have been stronger if it had presented a woman's actual narrative of her experience. Similarly, a reflection on the ethical and legal considerations of detaining women for the health of their fetuses would also have been of use here.

Fetal Alcohol Spectrum Disorders in Adults provides a good overview of the key legal and ethical issues of this debate. As a guide to professionals who are responding to the needs of individuals with FASD it is very effective in providing information about the conditions and the impact of living with such conditions. Arguments supporting the belief that the criminal justice systems need to change their responses to offenders with FASD is particularly strong, and the book offers substantial justification why changes should be priorities.

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